

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Control Number

10/048040

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR US 1	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20	
INDEPENDENT CLAIMS	6 minus 3	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
EXTRA	
+135	

RATE	FEE
BASIC FEE	250
EXTRA	
+135	
+270	

TOTAL

OR TOTAL **1363**

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	20	-
Independent	8	9	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X30	
X40	
+135	

RATE	ADDITIONAL FEE
X318	
X80	
+270	

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

9/15/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12	20	-
Independent	6	8	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X30	
X40	
+135	

RATE	ADDITIONAL FEE
X318	
X80	
+270	

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X30	
X40	
+135	

RATE	ADDITIONAL FEE
X318	
X80	
+270	

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

- * If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
- * If the Highest Number Previously Paid For in THIS SPACE is less than 20, enter "20."
- * If the Highest Number Previously Paid For in THIS SPACE is less than 3, enter "3."
- * The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM 07-0070
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